

## Children without dentists given care



NEWS STAFF/LINDA STELTER

Dr. Joseph Zanthos reassures fifth-grader TyShae Collins about the dental work he's going to do for her. TyShae is one of more than 30 students without a regular dentist who will get care this week on the Sarrell Regional Dental Bus at Gate City Elementary this week.

## Gate City students add miles to smiles

By ANNA VELASCO  
News staff writer

**C**hildren at Gate City Elementary who don't have a dentist can get cleanings, cavities filled and other dental work at school this week thanks to a nonprofit group that has brought a mobile dental office to the campus.

Sarrell Regional Dental Center has lined up 31 Gate City schoolchildren who haven't seen a dentist in a year to get care. The group expects more to participate once parents become aware of the service.

The group, founded in Anniston, has owned the dental bus for about three years but started using it only in September, after the Alabama Legislature passed a law in May allowing the operation of mobile dental clinics.



Fifth-grader Desmond Connor, 11, smiles after getting his teeth cleaned and finding out he has no cavities.

state. The Jefferson County Department of Health has operated mobile dental trailers for decades under a grandfather clause.

The Sarrell Regional Dental Bus is treating people ages 2-20 who are eligible for Medicaid or the All Kids public health programs, and sees uninsured children if they have emergencies.

Following the new law's stipulation, the mobile service doesn't seek to treat patients who have a regular dentist or have seen another dentist within the last year.

"We're not trying to steal patients," said Dr. Joseph Zanthos, a dentist with Sarrell. "We're just trying to service children who don't get service."

## TEETH: Dental trailer visits school

From Page 1B

State Sen. Linda Coleman, D-Birmingham, was a sponsor of the bill to allow the mobile dental clinics. She said she first saw a dentist in the third grade in a mobile unit at her school, and the visit provided the foundation for good oral health the rest of her life.

"Here we are over 50 years later, and we're still dealing with some of the same issues," Coleman said.

The Sarrell bus treated 222 children in the fall. The goal is 100 a month next school year.

The Jefferson County Department of Health treated 800 children last year through its mobile units, said Dr. Teri Chafin, the department's director of community and dental health. She said they treat uninsured children and those on Medicaid and All Kids.

"There is so much need out there," Chafin said. "If someone is helping provide care to children who don't have it and is completing the work, then that's good."

Zanthos said he doesn't leave a school or a child until he has addressed all dental issues. "If I don't get it done, they may not get it done somewhere else," he said.

The dental bus can handle two patients at a time and has an X-ray machine and all the equipment a dentist needs.

Zanthos said it has not been uncommon to find children with eight or more cavities.

Every county in Alabama has too few dentists, and the state needs at least 290 strategically placed dentists to eliminate the shortage, according to the Alabama Department of Public Health.

Some schools are reluctant to let children out of class for several hours to get their dental care, Chafin said. She has tried to convince them that the investment in oral health pays off in the children's schoolwork.

"School performance actually improves when these children are not in pain," Chafin said.



# Alabama Medicaid Dental Program, 1998-2007: A CONTINUING SUCCESS STORY

By Stuart A. Lockwood, DMD, MPH; Mary G. McIntyre, MD, MPH; Robin Rawls, BA, MBA

With the recent release of FY 2006 Form 416 data, the Alabama Medicaid Dental Program has the 14th highest utilization of dental services in the United States (Table 1). The success of the Dental Program began in late 2000, when then-Governor Don Siegelman significantly raised Medicaid dental fees to 90% of the UCF, and the Alabama Medicaid Agency was awarded a three-year outreach grant from the Robert Wood Johnson Foundation for the *Smile Alabama!* Initiative. The success of the program through 2004 has been chronicled elsewhere<sup>1,2</sup>. With release of FY 2007 data from the Alabama Medicaid Agency, an examination of the dental program for the last ten years is warranted.

**Alabama Medicaid Dental Program 1998-2007.** Over the past ten years, Medicaid dental utilization rates in Alabama have improved from 25.2% in

1998 to 41.5% in 2007, a 62% increase (Figure 1). The number of enrolled providers during this time period has increased significantly, 55.3% (from 430 dentists to 778), and the number of providers treating at least one Medicaid child (performing providers) increased 48.1% (from 350 providers to 748). Most significantly, from 1998 to 2007 there has been a 216% increase (from 151 to 477) in the number of providers seeing more than 100 patients per year (Figure 2). The number of providers billing for more than \$10,000 per year (from 152 to 571) has increased by 275% (Figure 3).

**Alabama Medicaid Dental Program FY 2001 to FY 2007.** Since Medicaid dental rates were raised in FY 2001, there has been a 84.3% increase in dental utilization, from 26.7% (103,630 children served in FY 2001) to 41.5% (190,968 served in FY 2007). And during this same time period, the number of Medicaid eligible children has risen sharply from 386,000 to 460,526 (Table 2). Most importantly, county-specific data from FY 2001 to FY 2007 indicate that every county in Alabama has seen significant increases in utilization of Medicaid dental services, from a high of 177.7% increase in Baldwin county, to a low of 1.8% in Barbour county (Table 3). Some nine counties recorded increases of over 100%, with Mobile and Montgomery counties included in this list.

**Alabama Medicaid Dental Program FY 2007.** Utilization of Medicaid dental services in Alabama for FY 2007 was 41.5%. Among all counties, the range was from a high of 53.5% in Cleburne County to a low of 33.6% in Marengo County. One county had over 50% utilization, 45 counties had 40-49% utilization, and 20 counties had 34-39% utilization (Table 4).

## Opportunities to Increase Your Medicaid Patients

While 190,968 children received at least one dental service in FY 2007, some 270,000 Medicaid eligible children aged 0-20 did not receive a dental visit. Potential exists for more Medicaid dental visits at all ages. Figure 4 shows utilization by age category for the U.S. and for Alabama. Significant improvement and opportunities for dental visits exist, particularly in the <1, 1-2, and 19-20 age groups. Help is available from Alabama Medicaid Agency through its Patient 1st Care Coordinators to assist with Medicaid dental visits. A listing of the regional Care

Coordinators is found on the Alabama Medicaid website at: [http://www.medicicaid.alabama.gov/documents/Contacts/Dental-EPSDT-pt1st\\_Care\\_Coordinators\\_10-2008.pdf](http://www.medicicaid.alabama.gov/documents/Contacts/Dental-EPSDT-pt1st_Care_Coordinators_10-2008.pdf). Leigh Ann Hixon, Medicaid Dental Program manager, may be contacted at LeighAnn.Hixon@medicaid.alabama.gov or by calling 334-242-5472.

<sup>1</sup>Greene-McIntyre M, Finch MH, Searcy J. Smile Alabama! Initiative: Interim results from a program to increase access to dental care. *J Rural Health* 2003; 19 (suppl): 407-415.

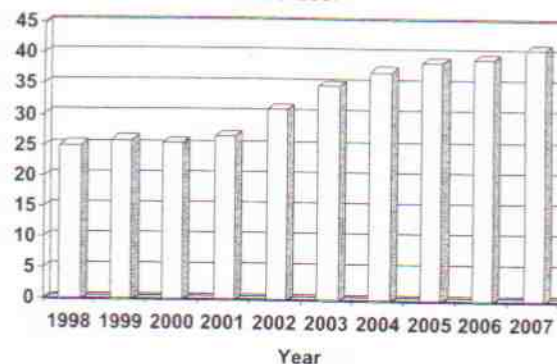
<sup>2</sup>American Dental Association, State and Community Models for Improving Access to Dental Care for the Underserved-A White Paper, October 2004.

**Table 1. Dental Medicaid Utilization, U.S., 2006, by State**

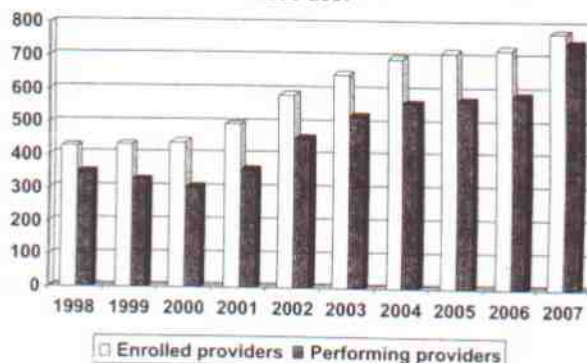
	Medicaid Eligibles	Medicaid Served	FY 2006 Utilization
Nebraska	161000	71221	44.2
South Carolina	526303	229447	42.8
Texas	2991402	1233149	42.5
Washington	652460	275542	42.2
New Hampshire	89725	37504	41.8
Indiana	607230	251647	41.4
New Mexico	321608	132692	41.3
Hawaii	126344	51543	40.8
Idaho	154425	62362	40.4
North Carolina	940178	372764	39.3
Alaska	87800	34494	39.3
Rhode Island	114304	43066	37.7
Massachusetts	521528	196485	37.7
Alabama	509155	188475	37
Oklahoma	490090	180051	36.7
Tennessee	814643	295413	36.3
Kansas	222731	80332	36.1
Illinois	1336033	479994	35.6
Ohio	1214245	432005	35.6
Georgia	1162900	406963	35
Colorado	342229	118119	34.5
South Dakota	86662	29756	34.2
Minnesota	411988	139012	33.7
Arizona	636237	213892	33.6
Connecticut	281910	93578	33.2
Wyoming	54357	17919	33
Utah	177786	56582	31.8
Virginia	547345	173009	31.8
Oregon	279809	86811	31
Maryland	507946	155804	30.7
Michigan	1085180	325592	30
Delaware	85669	24973	29.2
California	4562231	1286493	28.2
Louisiana	777212	214309	27.6
New York	2079460	588663	27.4
Pennsylvania	1111384	301965	27.2
Arkansas	405965	108084	26.8
District of Columbia	96063	25125	26.2
New Jersey	582257	151026	25.9
Montana	61369	15066	24.5
Missouri	664330	157869	23.8
Wisconsin	498162	105394	21.2
Florida	1691146	352741	20.9
Nevada	155354	30647	19.7
North Dakota	44808	8478	18.9
United States	30190253	9814041	34

Note: Iowa, Kentucky, Maine, Mississippi, and Vermont had no data.

**Figure 1. Alabama Dental Medicaid Utilization, 1998-2007**



**Figure 2. Enrolled and Performing Dentists, Alabama Dental Medicaid, 1998-2007**



**Figure 3. Performing Dentists, Alabama Dental Medicaid, 1998-2007**

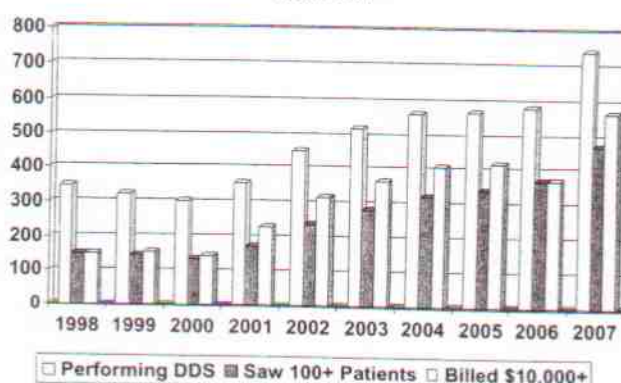




Table 2. Number of Medicaid Eligibles, Dentally Served, and Utilization, FY 2001, FY 2007

County	FY 2001 Eligibles	FY 2007 Eligibles	Percent Change FY 01-07	FY 2001 Served	FY 2001 Utilization	FY 2007 Served	FY 2007 Utilization	Percent Change FY 01-07
Autauga	3118	3982	27.7%	718	23.0%	1536	38.6%	67.5%
Baldwin	7843	11704	50.4%	1020	13.0%	4260	36.1%	177.7%
Barbour	2509	3884	54.8%	925	36.9%	1457	37.5%	1.8%
Bibb	1902	2371	24.7%	721	37.9%	1059	44.7%	17.8%
Blount	3594	4773	30.2%	1053	30.1%	2144	44.9%	49.5%
Bullock	2055	2098	2.1%	773	37.6%	950	45.3%	20.4%
Butler	3113	3174	2.0%	1006	32.3%	1539	48.5%	50.0%
Calhoun	10812	12586	16.4%	2830	26.2%	5396	42.9%	63.8%
Chambers	3371	3988	18.3%	798	23.7%	1494	37.5%	58.3%
Cherokee	2094	2678	27.9%	525	25.1%	1029	38.4%	53.3%
Chilton	2941	4450	51.3%	901	30.6%	1958	44.0%	43.6%
Choctaw	1838	1868	1.6%	377	20.5%	615	36.9%	79.8%
Clarke	3799	3361	-14.2%	1433	37.7%	1379	42.3%	12.1%
Clay	1352	1443	6.7%	501	37.1%	679	47.1%	27.0%
Cleburne	1306	1633	25.0%	333	25.5%	870	53.3%	108.9%
Coffee	3961	4408	11.3%	1292	32.6%	1683	38.2%	17.1%
Colbert	4838	5438	12.4%	1801	37.2%	2501	46.0%	23.5%
Conecuh	2157	2098	-2.7%	534	24.8%	990	47.2%	90.6%
Cosa	1047	1088	3.9%	261	24.9%	402	36.9%	45.2%
Covington	3982	4511	13.3%	1411	35.4%	1826	40.5%	14.2%
Crenshaw	1565	1775	13.4%	559	35.7%	721	40.6%	13.7%
Cullman	6001	7437	23.9%	1885	31.4%	3252	43.7%	39.2%
Dale	4704	5440	15.6%	1715	36.5%	2577	47.4%	29.0%
Dallas	8710	8415	-3.4%	2678	30.7%	3831	45.5%	48.1%
DeKalb	5908	9339	58.1%	1527	25.8%	3909	41.9%	61.9%
Elmore	4488	5817	29.6%	987	22.0%	2398	41.2%	87.5%
Escambia	4096	4978	21.8%	882	21.6%	1802	36.2%	67.7%
Etowah	8537	10630	24.5%	3120	36.5%	4431	41.7%	14.1%
Fayette	1632	1650	1.1%	500	30.6%	789	47.8%	56.1%
Franklin	3108	4048	26.6%	1053	32.9%	1766	43.6%	32.5%
Geneva	2630	3035	15.4%	916	34.8%	1326	43.7%	25.4%
Greene	1648	1980	20.1%	296	18.0%	726	36.7%	104.1%
Hale	2542	2779	9.3%	526	20.7%	1102	39.7%	91.6%
Henry	1683	1834	9.0%	635	37.7%	842	45.9%	21.7%
Houston	9032	11212	24.1%	3584	39.7%	5275	47.0%	18.6%
Jackson	4094	5281	29.0%	1211	29.6%	2220	42.0%	42.1%
Jefferson	50492	57193	13.3%	12005	23.8%	24222	42.4%	78.1%
Lamar	1401	1580	12.8%	488	34.8%	717	45.4%	30.3%
Lauderdale	5932	7662	29.2%	2034	34.3%	3718	48.5%	41.5%
Lawrence	2369	3092	30.5%	751	31.7%	1158	37.5%	18.1%
Lee	7535	9813	30.2%	1891	25.1%	3507	35.7%	42.4%
Limestone	3932	5611	42.7%	1140	29.0%	2154	38.4%	32.4%
Lowndes	2414	1907	-21.0%	489	20.3%	848	44.5%	119.5%
Madison	3404	3123	-8.3%	1116	32.8%	1378	44.1%	34.6%
Martinsburg	14943	20070	34.3%	4235	28.3%	8317	41.4%	46.2%
Marengo	3115	2889	-7.3%	813	26.1%	971	33.6%	28.8%
Marion	2417	3248	34.4%	679	28.1%	1386	42.7%	51.9%
Marshall	7599	11223	48.3%	2326	30.6%	4218	37.4%	22.2%
Mobile	40117	46096	14.9%	7334	18.3%	17223	37.4%	104.4%
Monroe	2889	2793	-3.3%	783	27.1%	1117	40.0%	47.6%
Montgomery	24685	27909	13.1%	5045	20.4%	11619	41.6%	103.7%
Morgan	7218	10496	45.4%	2403	33.3%	4195	40.0%	30.1%
Perry	2510	2116	-15.7%	727	29.0%	910	43.0%	48.5%
Pickens	2672	2540	-4.9%	947	35.4%	1162	45.7%	20.1%
Pike	4021	3952	-1.7%	1507	37.5%	1749	44.3%	18.1%
Randolph	2358	2585	9.6%	428	18.2%	1103	42.7%	135.1%
Russell	5519	7231	31.0%	1167	21.1%	3163	43.7%	106.9%
Shelby	3597	6795	88.9%	958	26.6%	2993	44.0%	65.4%
St. Clair	4706	6612	40.5%	1274	27.1%	2927	44.3%	63.5%
Sumter	2896	2400	-17.1%	984	34.0%	957	39.9%	17.4%
Talladega	7790	9899	27.2%	1634	21.0%	4420	44.7%	112.6%
Tallapoosa	3951	4820	22.0%	1108	28.0%	1917	39.8%	41.8%
Tuscaloosa	13686	15508	13.3%	3790	27.7%	5794	37.4%	34.9%
Walker	6800	7062	3.9%	2276	33.5%	3277	46.4%	38.6%
Washington	1993	1749	-12.2%	491	24.6%	636	36.4%	47.6%
Wilcox	2989	2434	-18.6%	790	26.4%	1026	42.2%	59.5%
Winston	2183	2591	18.7%	730	33.4%	994	38.4%	14.7%
All DYS County	1297	500	-61.4%	285	22.0%	460	92.0%	318.7%
Alabama	386269	460525	19.2%	103630	26.8%	190968	41.5%	54.6%

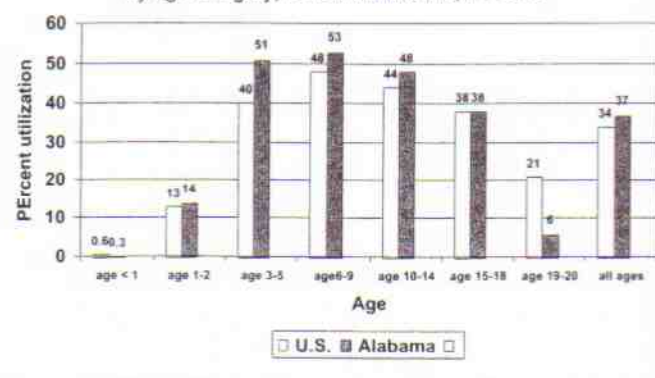
Table 3. Medicaid Utilization, FY 2001, FY 2007, and Percent Change

County	FY 2001 Served	FY 2001 Utilization	FY 2007 Served	FY 2007 Utilization	Percent Change FY 01-07
Autauga	1020	13.0%	4260	36.1%	177.7%
Baldwin	428	18.2%	1103	42.7%	135.1%
Barbour	489	20.3%	848	44.5%	139.5%
Bibb	1634	21.0%	4420	44.7%	112.6%
Blount	333	25.5%	870	53.3%	108.9%
Butler	1167	21.1%	3163	43.7%	106.9%
Calhoun	7334	18.3%	17223	37.4%	104.4%
Chambers	296	18.0%	726	36.7%	104.1%
Cherokee	5045	20.4%	11619	41.6%	103.7%
Chilton	526	20.7%	1102	39.7%	91.6%
Choctaw	534	24.8%	990	47.2%	90.6%
Clarke	987	22.0%	2398	41.2%	87.5%
Conecuh	377	20.5%	615	36.9%	79.8%
Cosa	12005	23.8%	24222	42.4%	78.1%
Covington	882	21.6%	1802	36.2%	67.7%
Crenshaw	718	23.0%	1536	38.6%	67.5%
Cullman	958	26.6%	2993	44.0%	65.4%
Dale	2830	26.2%	5396	42.9%	63.8%
Dallas	1274	27.1%	2927	44.3%	63.5%
DeKalb	1527	25.8%	3909	41.9%	61.9%
Elmore	790	16.4%	1026	42.2%	59.5%
Escambia	798	23.7%	1494	37.5%	58.3%
Etowah	500	30.6%	789	47.8%	56.1%
Fayette	525	25.1%	1029	38.4%	53.3%
Franklin	679	28.1%	1386	42.7%	51.9%
Geneva	1006	32.3%	1539	48.5%	50.0%
Greene	1053	30.1%	2144	44.9%	49.5%
Hale	526	20.7%	1102	39.7%	91.6%
Henry	727	29.0%	910	43.0%	48.5%
Houston	3584	39.7%	5275	47.0%	18.6%
Jackson	1211	29.6%	2220	42.0%	42.1%
Jefferson	1063	30.1%	2144	44.9%	49.5%
Lamar	727	29.0%	910	43.0%	48.5%
Lauderdale	2034	34.3%	3718	48.5%	41.5%
Lawrence	751	31.7%	1158	37.5%	18.1%
Lee	1891	25.1%	3507	35.7%	42.4%
Limestone	1140	29.0%	2154	38.4%	32.4%
Lowndes	489	20.3%	848	44.5%	119.5%
Madison	4235	28.3%	8317	41.4%	46.2%
Marengo	813	26.1%	971	33.6%	28.8%
Marion	679	28.1%	1386	42.7%	51.9%
Marshall	2326	30.6%	4218	37.4%	22.2%
Mobile	7334	18.3%	17223	37.4%	104.4%
Monroe	783	27.1%	1117	40.0%	47.6%
Montgomery	5045	20.4%	11619	41.6%	103.7%
Morgan	2403	33.3%	4195	40.0%	30.1%
Perry	727	29.0%	910	43.0%	48.5%
Pickens	947	35.4%	1162	45.7%	20.1%
Pike	1507	37.5%	1749	44.3%	18.1%
Randolph	428	18.2%	1103	42.7%	135.1%
Russell	1167	21.1%	3163	43.7%	106.9%
Shelby	958	26.6%	2993	44.0%	65.4%
St. Clair	1274	27.1%	2927	44.3%	63.5%
Sumter	984	34.0%	957	39.9%	17.4%
Talladega	1634	21.0%	4420	44.7%	112.6%
Tallapoosa	1108	28.0%	1917	39.8%	41.8%
Tuscaloosa	3790	27.7%	5794	37.4%	34.9%
Walker	2276	33.5%	3277	46.4%	38.6%
Washington	491	24.6%	636	36.4%	47.6%
Wilcox	790	26.4%	1026	42.2%	59.5%
Winston	730	33.4%	994	38.4%	14.7%
All DYS County	103630	26.8%	190968	41.5%	54.6%

Table 4. Utilization by County

County	FY 2007 Served	FY 2007 Utilization
Cleburne	870	53.3%
Lauderdale	3718	48.5%
Butler	1539	48.5%
Fayette	789	47.8%
Dale	2577	47.4%
Conecuh	990	47.2%
Clay	679	47.1%
Houston	5275	47.0%
Walker	3277	46.4%
Colbert	2501	46.0%
Henry	842	45.9%
Pickens	1162	45.7%
Dallas	3831	45.5%
Lamar	717	45.4%
Bullock	950	45.3%
Blount	2144	44.9%
Bibb	1059	44.7%
Talladega	4420	44.7%
Lowndes	848	44.5%
St. Clair	2927	44.3%
Pike	1749	44.3%
Madison	1378	44.1%
Shelby	2993	44.0%
Chilton	1958	44.0%
Russell	3163	43.7%
Cullman	3252	43.7%
Geneva	1326	43.7%
Franklin	1766	43.6%
Perry	910	43.0%
Calhoun	5396	42.9%
Marion	1386	42.7%
Randolph	1103	42.7%
Jefferson	24222	42.4%
Clarke	1379	42.3%
Wilcox	1026	42.2%
Jackson	2220	42.0%
DeKalb	3909	41.9%
Etowah	4431	41.7%
Montgomery	11619	41.6%
Alabama	190968	41.5%
Madison	8317	41.4%
Elmore	2398	41.2%
Crenshaw	721	40.6%
Covington	1826	40.5%
Monroe	1117	40.0%
Morgan	4195	40.0%
Sumter	957	39.9%
Tallapoosa	1917	39.8%
Hale	1102	39.7%
Autauga	1536	38.6%
Cherokee	1029	38.4%
Limestone	2154	38.4%
Winston	994	38.4%
Coffee	1683	38.2%
Barbour	1457	37.5%
Chambers	1494	37.5%
Lawrence	1158	37.5%
Marshall	4218	37.4%
Mobile	17223	37.4%
Tuscaloosa	5794	37.4%
Cosa	402	36.9%
Choctaw	615	36.9%
Greene	726	36.7%
Washington	636	36.4%
Escambia	1802	36.2%
Baldwin	4260	36.1%
Lee	3507	35.7%
Marengo	971	33.6%
Alabama	190968	41.50%

Figure 4. Percent Medicaid Eligibles Receiving Any Dental Service, by age category, U.S. and Alabama, FY 2006





# 1st Look Program Targets Dental Caries in Young Children

*Reimbursement will not exceed the fees paid to dentists, and will be funded through the medical budget.*

Infants and toddlers at high risk for serious dental problems will soon benefit from a collaborative effort aimed at preventing early childhood caries (ECC) in children covered by the Alabama Medicaid Agency.

Developed by the agency in partnership with the state's pediatric dentists and pediatricians, the 1st Look Program is designed to reduce early childhood caries by encouraging primary care physicians to perform dental risk assessments, provide anticipatory guidance, apply fluoride varnish when indicated, and refer children to a dental home by age one. Children already seen by a dentist do not qualify for the 1st Look Program. Participating primary medical providers (PMPs) must first obtain certification by completing a Medicaid-approved training course. The 1st Look Program is scheduled to begin in January 2009.

"Early prevention of dental caries will ultimately result in improved oral health for high-risk Alabama children," said Medicaid Commissioner Carol Steckel. "This partnership between Patient 1st medical providers and the dental community is a win-win effort

that will significantly impact the overall health and well-being of the children we serve."

Pediatric dentist Richard A. Simpson, DMD, of Tuscaloosa, has been instrumental in the collaborative effort, which has included representatives of the Alabama Academy of Pediatric Dentistry, the Alabama Chapter of the American Academy of Pediatrics, the Alabama Dental Association, and the Alabama Medicaid Agency. Alabama will be the 23rd state to offer this type of program.

Dr. Simpson stated, "1st Look Program goals are to improve awareness of early childhood caries, increase early prevention education, enlarge the dental provider referral base, and reduce the incidence of dental caries in Alabama children." The key components of the 1st Look Program involve doctors assessing the risk for dental disease during check-ups of their young patients, utilizing a modified AAPD Caries Risk Assessment Tool (CAT). The parent or other caregiver then receives preventive education and is instructed on the importance of establishing a dental home, ideally by age one. Infants deemed to be at "high risk" for ECC

receive a fluoride varnish application and are referred to a Patient 1st care coordinator to assist in the dental referral process.

Dr. Simpson stated that "recent studies are beginning to show that the combination of primary care physicians well trained in oral health assessment, repeated fluoride varnish applications, and appropriate early referral to a dentist can effectively reduce the incidence of ECC and, ultimately, the number of costly restorative procedures performed on very young patients." He also noted that "North Carolina, the first state to implement such a program some 10 years ago, has reported a 39 percent reduction in caries in the anterior teeth of young children."

Training and certification for physicians and their staff wishing to become 1st Look providers is mandatory. The approved course incorporates the AAP's "Oral Health Risk Assessment Training Program for Pediatricians and Other Child Health Professionals," as well as a detailed review of the specific requirements and limitations of the 1st Look Program of the Alabama Medicaid Agency.

For more details on 1st Look, please see "1st Look Program Specifics" on this page. You may also contact the Medicaid Dental Program Manager Leigh Ann Hixon at [leighann.hixon@medicaid.alabama.gov](mailto:leighann.hixon@medicaid.alabama.gov) or Dr. Simpson at [rsimpsondmd@aol.com](mailto:rsimpsondmd@aol.com).

## Join us at the beach... from page 1

and other exciting presentations including Lunch & Learn, Risk Management, and a Medicaid Workshop.

Along with excellent continuing education courses, dynamic business sessions and networking opportunities, ALDA's Annual Session always features outstanding social events. On Wednesday, sample exceptional wines from around the world at the Wine Tasting. The Exhibit Hall Welcome Reception will be held on Thursday, offering dentists and exhibitors an excellent opportunity to network in a relaxed setting and win great door prizes. On Friday, share a few meals with friends and colleagues at the Annual Dental

Prayer Breakfast and the Alabama Dental Alumni Luncheon.

Saturday is full of great choices with the golf tournament and the Gulf Coast Dolphin Cruise. Then get ready for our President's Family Beach Party honoring ALDA President Lee Ferguson and his wife, Elizabeth, for their service in behalf of dentistry. Don't miss this night of great food, live music and a spectacular fireworks show! Wind down the weekend at Sunday morning's Awards and Officer Installation Breakfast. Breakfast attendees will be eligible to win the grand door prize of \$500 cash.

Register online at [www.aldaonline.org](http://www.aldaonline.org) beginning February 16. ♦

## 1st Look Program Specifics

Medicaid Patient 1st Providers will be able to bill for an initial oral assessment and the application of fluoride varnish for high caries risk children. The provider and staff will be required to have been trained and certified through an approved educational program.

The assessment will be billed once under D0145 (oral exam <3 years old, counseling), and the varnishing will be billed under D1206 (topical fluoride application). Reimbursement will not exceed the fees paid to dentists, and will be funded through the medical, and not dental, budget.

If a child has seen a dentist, the child does not qualify for the 1st Look program and the medical provider should not render services for the oral exam and fluoride application. Medical providers are encouraged to verify that a child has not been seen by a dental provider prior to performing 1st Look services. If a patient has been previously seen by a dentist and services are provided, the medical provider will not be reimbursed for the D0145 or the D1206 codes. Those children determined to be at high risk will be eligible to receive the varnish applications.

The AAPD Caries Risk Assessment Tool (CAT) criteria will be utilized, but will be modified to require at least two high risk indicators. Currently the criteria allow any child who is eligible for Medicaid to be considered high risk. The 1st Look program will require at least one additional high risk indicator.

Varnish procedures will be limited to three (3) per calendar year, regardless of the provider, not to exceed a maximum of six (6) applications between six (6) months and 36 months of age. The allowed frequency will be no less than 90 days.

D0145 may be billed once by a medical provider and once by a dental provider for children age six (6) months to 36 months. Medical records must document the content of the anticipatory guidance counseling given to parents/caregivers, the results of the CAT, and documentation that a referral has been made to the Patient 1st Care Coordinators for all high risk children.

Once a child has a dental home, this information will be kept on file with the medical provider, and no further fluoride varnish applications by the medical provider will be permitted.

The approved training course will include the AAP module "The Oral Health Risk Assessment Training Program for Pediatricians and Other Child Health Professionals," as well as program specific information from Alabama Medicaid. A pre-test will be administered, and successful completion of a post-test will be required. Trainers will be pediatric dentists or general dentists with significant expertise in pediatric dentistry, who have completed a trainer course and are listed as an approved instructor by Alabama Medicaid. Provisions for other trainers or venues (i.e. on-line course) will be considered after the 1st Look program has been in place for two years.

Dental providers are encouraged to follow the recommendations of the ADA, AGD, and the AAPD with regard to all children receiving their first dental visit by six months after the eruption of the first tooth or no later than 12 months of age, and be willing to accept referrals from medical providers or assist in appropriate referral to a specialist when indicated.



Neither Selling nor Acquiring a dental practice has to be scary.



Call PARAGON today to discuss a painless transaction.

We can help you with Practice Sales,  
Mergers, Co-Ownerships, Practice Acquisitions,  
Relocations, Consulting, Valuations,  
Presales and Associateships.



For a complimentary consultation call  
866.898.1867 or visit [WWW.PARAGON.US.COM](http://WWW.PARAGON.US.COM)